CHWs in the US: Role and Impact on Health and the Economy

Denise Octavia Smith, Executive Director, National Association of Community Health Workers
"You cannot understand the trust, commitment, expertise or authenticity of Community Health Workers without considering the populations and communities from which they originate – those which have experienced historic and structural marginalization, othering, stigma, oppression and barriers to the social drivers of health and well-being.

- APHA Policy 2022
HOW DID WE GET HERE?

• The top three sectors with the most jobs (Admin, Transport, and Sales) are in the bottom 10 categories when it comes to pay.

• The same places where poverty, overdose deaths, gun deaths and food insecurity dominate— are the same places with higher rates of the uninsured and where over 50% of adults are making under $15 an hour.

• These are the same places dominated by forced migration and chattel slavery. Where today – Native Americans are fighting for their rights to land, water and sacred spaces.

Is Andrew Jackson responsible for the deaths of 4,000 Cherokee people?

Jersey north to the Raritan river valley. The Haverstraw lived on the west bank of the Hudson, and had kinship ties with the Hackensack and Tappan of New Jersey. The Newburg lived on the east bank of the Hudson in the southern portion of the Bronx and Westchester, with ties to the Siwanoy on the north shore of Long Island Sound, including Pelham Bay. The Nyaar lived on the east shore of the Narrows, with ties to the Hackensack. The Massapequa, Merrick, and Rockaway lived on western LI; the Matinecock lived on the north shore of Long Island from Queens to Suffolk County, and the Canarsee and Mareckkawiek lived in what is now Brooklyn. The names have a familiar ring; look at a map of the New York City region and you will see
Unmet social needs — like access to nutritious food, transportation assistance and housing assistance — are leading to worse health for all Americans.

1899
AFRICAN AMERICANS

Indigenous nations cede land in treaties in exchange for healthcare, yet these nations have lower life expectancy and higher rates of disease and death.

Early 1600s to today
INDIGENOUS NATIONS

W.E.B. DuBois' study of structural racism's impact on negro health status, income, alcohol use and employment.

HEALTHCARE’S BLIND SIDE PRIMARY CARE AND THE SDOH

1965
UNDER-RESOURCED COMMUNITIES

Bill signed into law that led to Medicare and Medicaid for communities that experience vulnerability.

1985
HEALTH DISPARITIES

Margaret Heckler’s report provides strategies to accelerate a national assault on the persistent health disparities in Black and Minority Health.

HEALTH INEQUITIES

2011

27 million Americans have no health insurance and 38 million are underinsured (US Census, 2019).

Before a Global Pandemic

HEALTH INEQUITIES

Unmet social needs — like access to nutritious food, transportation assistance and housing assistance — are leading to worse health for all Americans.
OUR VISION: Community Health Workers united nationally to support communities in achieving health, equity and social justice

Six Pillars Of Community Health Workers
Pillar I

CHWS: A UNIQUE WORKFORCE

CHWs have a US Dept of Labor workforce classification. They are recognized by the ACA as health professionals. CHWs have developed their own professional Core Competencies and were classified as essential, critical, infrastructure workers by the US Dept of Homeland Security in March 2020 when the COVID-19 pandemic began.

With NACHW leadership, CHWs, CHW Networks and Allies developed a National CHW Policy Platform with recommendations for public and private institutions to respect, protect and authentically partner with us.

In alignment with over two decades of policy from the American Public Health Association, our unique workforce must lead discussions of state and federal workforce development, policy, funding. Nothing About Us – Without Us!
The heart of CHW work is grounded in and committed to community advocacy, capacity building and relationship. Trust, respect and dignity for all human beings is at the center of who we are and what we do.

Our compassion and commitment to families and communities where we live and serve is largely due to our shared life experience – we look like, live like and are often survivors of or dealing with the same chronic diseases and structural barriers to health and wellbeing as they are.

CHWs are leaders within and leaders of community-based organizations and nonprofits and are central to all efforts that seek to address clinical and community integration and the social determinants of health.
Pillar III

CHWS: A DIVERSE AND HISTORIC WORKFORCE

The origins of our workforce in the United States goes back hundreds of years and is informed by many countries. Our strength is our diversity across language, culture, faith, race, gender and experience as:

• healers and advocates in African American communities during slavery and reconstruction
• as community health representatives, preserving sovereignty, well-being, language and culture on US tribal nations
• as promotores, aunties, outreach workers, peers and dozens of other work titles-
• among immigrant and refugee communities across Latino, Asian American, Pacific Islander, native Hawaiian and Alaska Native communities.
CHWs do the work of reducing barriers and building capacity for people to achieve whole health and wellbeing. This requires integration of and attention to the social determinants of health. CHWs play a critical role in addressing the SDOH. CHWs work with other CHWs who are working within different sectors to integrate the needs of individuals.

CHWs serve in faith-based institutions and ministries, homeless shelters, food pantries, cancer navigation programs, HIV and substance abuse, advocacy and support groups, as well as education, mental health, housing, workforce development, immigration and voting rights, and across health sectors and conditions that are prevalent in marginalized communities.
Pillar V
CHWS: A PROVEN WORKFORCE

With over 60 years of effectiveness evidence in maternal and child health, behavioral health and recovery, chronic disease and community violence interventions, immunization, oral health, and other areas as confirmed in a number of randomized control trials, systematic reviews, and ROI studies of CHW interventions.

CHWs are also increasingly recognized for our contributions to addressing racial equity and the social determinants of health - by connecting individuals to basic needs and by organizing communities to address inequitable social conditions.
CHWS: A PRECARIOUS WORKFORCE

We are a majority female workforce. And given our racial, ethnic and gender identities, we are among the lowest paid among other public health professionals. CHWs often lack inclusion as leaders to develop policies that will sustain their profession. CHW-led and community-based organizations where we often work remain dependent upon short term grants instead of sustainable reimbursement models. We often face barriers to compete for grants due to structural inequities and professional hierarchies. National and state policies, health systems and providers are inconsistent in their recognition and integration of our professional roles.

We lack national and state level data to track and describe our trends in career pathways, training, diversity, and impact across interventions and organizations.
CHWS’ VALUE TO THE ECONOMY

10 CORE CONSENSUS ROLES AND COMPETENCIES

ADDRESSING HATE AND COMMUNITY VIOLENCE

SOCIAL DETERMINANTS OF HEALTH SERVICES

CHRONIC DISEASE, MENTAL HEALTH INTERVENTIONS AND SUPPORTS

COMBATTING MISINFORMATION & BUILDING AN EQUITABLE VACCINE INFRASTRUCTURE
COMMUNITY HEALTH WORKERS!  
#theworkforceweneedfortheworldwewant

Advance the **NACHW National Policy Platform** policies to respect, protect, partner and sustain a diverse and autonomous CHW workforce.

Use the Community Based Workforce Alliance Playbook to ensure equitable integration of CHWs as employees.

Center CHW and community lived experience in the development and evaluation of prevention and wellness innovations.

Apply "Raising the Bar" foundational principles to community engagement.
Six Pillars:

RESOURCES TO LEARN MORE

APHA POLICY WITH DEFINITION: https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities%C2%A0


ACA Opportunities for Community Health Workers: https://chlpi.org/wp-content/uploads/2013/12/ACA-Opportunities-for-CHWsFINAL-8-12.pdf

Six Pillars:
RESOURCES TO LEARN MORE

https://www.nachr.net/

Learn about the history of the CHR programs; https://www.ihs.gov/ihm/pc/part-3/p3c16/#:~:text=The%20CHR%20Program%20was%20established,specific%20tribal%20health%20care%20needs.


Community Health Workers: Evidence of Their Effectiveness (astho.org)

Clinical and community linkages with CHWs in the U.S.: A scoping Review
Six Pillars:

RESOURCES TO LEARN MORE


Report of the Community Health Worker Core Consensus Project

The Evolution, Expansion, and Effectiveness of Community Health Workers
The Evidence That Supports Community Health Worker Programs

Dr. Shreya Kangovi, Professor, Perelman School of Medicine, University of Pennsylvania
Health
Powered by community
We need to keep an aging, poorer America healthy at lower cost.
The biggest opportunity in healthcare is the push into community.
CHWs are the new American health workforce.

- 85% SDOH
- 15% Medical Care
There is strong evidence to suggest that CHWs can improve the triple aim.

- Health
  - HbA1c, lipids, blood pressure, viral load, asthma, birthweight, breast-feeding, smoking

- Quality
  - Screening for breast, cervical, colorectal cancer, access to primary care, post-hospital care, quality of outpatient and discharge communication, satisfaction

- Cost
  - $2.47: 1 annual ROI within fiscal year; HCIA eval: 3/6 sites with lower Medi/Medi claims
  - Significant heterogeneity and regression to the mean

A decade ago, we designed IMPaCT with end users and lessons from history.
We took a centuries-old workforce and solved for magic with consistency.
IMPaCT is the most evidence-based and widely used CHW program in the U.S.

9,398 patient-months studied. ROI within the fiscal year. Persistence of effect.

- **$2.47:1 ROI**
  - $2,500 savings per person per year

- **70% PATIENT ENGAGEMENT**
  - 91% completion of 6-month program

- **94% NET PROMOTER**

- **66% of Total Hospital Days**
  - Compared with matched controls

- **HIGHER QUALITY CAHPS/HCAHPS**
  - Primary Care Access

- **Improved Chronic Disease and Mental Health**

Patient population: adult Medicaid or duals, live in high poverty ZIP code, with at least one hospitalization in past year or ≥2 chronic conditions (e.g. smoking, obesity, DM, HTN)
In America, where you live determines how long you live.
CHWs are going to change that map.
CHWs are going to change that map.
CHWs are going to change that map.
CHWs are going to change that map.
We can help our communities power the new health.
Thank you

Shreya.Kangovi@pennmedicine.upenn.edu
Twitter @shreyakangovi
The Economics of Health Equity in the Workplace

Karen Moseley, President and CEO, Health Enhancement Research Organization (HERO)
Appreciation of **HERO Scorecard High-scorers** Compared to S&P 500 Index Companies

Appreciated **235%** compared to **159%** for the S&P 500

Improvements in Business Outcomes Relate to Social Determinants of Health Best Practice Score

<table>
<thead>
<tr>
<th>Best Practice Score (0-100 points)</th>
<th>Health and Well-Being</th>
<th>Medical Plan Cost Trend</th>
<th>Satisfaction with Health and Well-Being</th>
<th>Perceived Support for HWB</th>
<th>Employee Engagement</th>
<th>Employee Productivity</th>
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</thead>
<tbody>
<tr>
<td>No improvement</td>
<td>32.97</td>
<td>39.55</td>
<td>36.07</td>
<td>41.28</td>
<td>37.91</td>
<td>36.88</td>
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<tr>
<td></td>
<td>49.44</td>
<td>49.87</td>
<td>46.02</td>
<td>48.53</td>
<td>45.49</td>
<td>45.45</td>
</tr>
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</table>
Improvements in Business Outcomes Relate to Diversity, Equity, and Inclusion Best Practice Score

<table>
<thead>
<tr>
<th>Best Practice Score (0-100 points)</th>
<th>Health and Well-Being</th>
<th>Medical Plan Cost Trend</th>
<th>Satisfaction with Health and Well-Being</th>
<th>Perceived Support for HWB</th>
<th>Employee Engagement</th>
<th>Employee Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>No improvement</td>
<td>34</td>
<td>412</td>
<td>37.9</td>
<td>41.9</td>
<td>38.9</td>
<td>36.7</td>
</tr>
<tr>
<td>Improvement</td>
<td>512</td>
<td>49.7</td>
<td>48.2</td>
<td>49.9</td>
<td>47.6</td>
<td>49.4</td>
</tr>
</tbody>
</table>
VISION
All employers value health and well-being as a business imperative.

PURPOSE
HERO connects science and practice to demonstrate the value of a health and well-being employer ecosystem.

THANK YOU
Karen Moseley
HERO President & CEO
Karen.Moseley@hero-health.org
984-257-2127 direct

hero-health.org
Employer Perspective

Dr. Steven Serra, Executive Director, Physician Consulting, Aetna
The Economic Case for Community Health Workers

The Federal Reserve Bank of New York, Oregon Health Sciences University, & Familias en Accion

June 23, 2023

Steven Serra, MD, MPH, MSc, FACOEM
National Medical Director, Aetna Commercial
Plan Sponsor Insights & Health Equity Solutions
## Five key actions will drive improvements for our Commercial members

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eliminate Barriers to Care</strong></td>
<td>Address social needs through innovative supplemental benefit design, social risk stratification and connection to community resources</td>
</tr>
<tr>
<td><strong>Make our Care Accessible</strong></td>
<td>Reach and serve underserved communities using our CVS Health footprint, and digital and enterprise assets</td>
</tr>
<tr>
<td><strong>Build Culturally Responsive Programs and Services</strong></td>
<td>Expand delivery of culturally competent care to meet the diverse needs of our members, patients, and customers</td>
</tr>
<tr>
<td><strong>Empower Our Providers</strong></td>
<td>Enhance provider support and incentives to improve screening, referral, and treatment</td>
</tr>
<tr>
<td><strong>Mobilize Partnerships to Accelerate Health Equity</strong></td>
<td>Harness the power of our community-based partners to improve community and employee health</td>
</tr>
</tbody>
</table>
Future population health analytics (at Aetna)
Emergency room (ER) utilization example

People face different challenges | Reason for ER use varies | Structural barriers must also be addressed

<table>
<thead>
<tr>
<th>High Social Risk</th>
<th>Medium Social Risk</th>
<th>Low Social Risk</th>
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</thead>
<tbody>
<tr>
<td>Visits/1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>202.6</td>
<td>243.1</td>
<td>177.8</td>
</tr>
<tr>
<td>62.3</td>
<td>82.5</td>
<td>61.0</td>
</tr>
<tr>
<td>30.4</td>
<td>58.7</td>
<td>22.6</td>
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<tr>
<td>30.9</td>
<td>32.8</td>
<td>11.3</td>
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<tr>
<td>37.1</td>
<td>41.4</td>
<td>11.4</td>
</tr>
<tr>
<td>6.7</td>
<td>6.0</td>
<td>4.1</td>
</tr>
<tr>
<td>35.2</td>
<td>34.5</td>
<td>27.1</td>
</tr>
<tr>
<td>White</td>
<td>API</td>
<td>Black</td>
</tr>
<tr>
<td></td>
<td>16.9</td>
<td>29.6</td>
</tr>
<tr>
<td></td>
<td>11.3</td>
<td>41.5</td>
</tr>
<tr>
<td></td>
<td>39.5</td>
<td>24.7</td>
</tr>
<tr>
<td></td>
<td>11.4</td>
<td>23.3</td>
</tr>
<tr>
<td></td>
<td>25.6</td>
<td>25.4</td>
</tr>
<tr>
<td></td>
<td>2.6</td>
<td>4.1</td>
</tr>
<tr>
<td></td>
<td>25.6</td>
<td>27.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Emergent – Not Preventable</th>
<th>Emergent – PCP Treatable</th>
<th>Non-Emergent</th>
<th>Injury</th>
<th>Unclassified</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>4.5</td>
<td>11.0</td>
<td>8.7</td>
<td>21.1</td>
<td>17.6</td>
</tr>
<tr>
<td>API</td>
<td>19.9</td>
<td>20.9</td>
<td>21.1</td>
<td>4.5</td>
<td>9.0</td>
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<tr>
<td>Hispanic</td>
<td>15.8</td>
<td>15.8</td>
<td>12.5</td>
<td>3.8</td>
<td>27.4</td>
</tr>
<tr>
<td>Black</td>
<td>24.8</td>
<td>45.0</td>
<td>34.0</td>
<td>15.8</td>
<td>6.6</td>
</tr>
</tbody>
</table>

ER Visit Classification

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Addressing social determinants can help reduce medical costs

Study of Commercially-insured members*

Unaddressed social determinants add 4.6% (for large employers; self-insured) to 5.9% (for smaller employers; fully-insured) to total plan costs

Primary drivers:
• greater chronic illness burden
• greater use of hospital inpatient care (for longer stays with higher readmission rates)
• lower preventive screening rates (leading to later diagnosis and delayed treatment)
• lower use of outpatient physical therapy and mental health services, among others

Study of Medicaid and Medicare members*

Addressing unmet social needs resulted in 10% lower average health care spending compared with a similar group whose social needs were not addressed

Primary drivers:
• reductions in spending for inpatient care
• outpatient services and prescription drug spend

These drivers were compared to the control group and adjusted for known demographics and illness burden

*FOR COMMERCIALLY-INSURED MEMBER DATA: Aetna study of 440 million commercially insured members months.

Identifying priorities and creating meaningful interactions
CVS Health created the Community Equity Alliance

CVS Health launches Community Equity Alliance to improve health outcomes in underserved communities

January 26, 2023 9 minute read time


Specialty advocates* for your diverse employee population

**Personal health advocate**
Supports integrated care and engages members in their health care benefits, including member referrals to specialty programs, such as transgender, neonatal intensive care unit (NICU), fertility and mental well-being.

**Fertility advocate and doula**
Offers emotional and clinical support to members starting or continuing their journey to have a child.

**Neonatal intensive care unit (NICU) advocate**
Provides emotional and case management support to members whose baby is experiencing an admission or readmission into the NICU.

**Mental well-being advocate**
Helps members identify appropriate routes for their care needs and supports provider identification and scheduling.

**Transgender advocate**
Supports transgender and non-binary members with personalized support and guidance, including education and help securing critical clinical services, such as mental health services, hormone replacement therapy and gender affirmation surgery.

*While only your doctor can diagnose, prescribe or give medical advice, these advocates can provide information on various health topics.

**Not available for insured clients.
Convenient care that provides added mental health support in your local community

**Destination behavioral health**
Mental health counseling services provided by a MinuteClinic® licensed therapist within a CVS HealthHUB location, in-person and virtually

**Depression screenings**
Our CVS pharmacists are trained to conduct depression screenings and connect members to onsite or in-network providers.

**Pharmacist panel**
Our CVS pharmacists engage with members to identify high-risk, address changes in behavior, encourage medication adherence and advance to high levels of support when needed

Evening and weekend availability in all markets (typically 7:00 AM – 7:30 PM)

In-network for major health plans and EAP benefits. Also available at transparent private cash pay rates

For additional details and self-scheduling: visit: [www.CVS.com/MentalHealth](http://www.cvs.com/mentalhealth) or call: 1-855-417-2486

72%* of new patients were able to see a therapist within the same day or week

~60%** still want virtual appointments

82%*** of patients report a reduction in depression symptoms within 3-6 weeks

---

*CVS internal patient/visit data on average

**CVS historical visit data

***PHQ-9 score for patients who completed more than one visit and reported having at least mild depressive symptoms in their initial visit.
Connecting the community and health system through trust brokers

- Community Information Resource Dashboard/CIE
- Local/onsite/near-site resources
- Vendor partners with local footprint
- Collaboration with ESG/Community Affairs
Thank you
Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).
Expanding the Reach and Potential of CHWs

- **Otho Kerr**, Director of Strategic Partnerships and Community Impact Investing, Federal Reserve Bank of New York

- **Dr. Morgan McDonald**, Director of Population Health and Health Equity Leadership, Milbank Memorial Fund

- **Doug Wirth**, President and CEO, Amida Care

- **Dr. Creshelle Nash**, Medical Director for Health Equity, Blue Cross Blue Shield of Arkansas

- **Dr. Gia Rutledge**, Associate Director of Health Equity, Centers for Disease Control and Prevention, Division of Diabetes Translation
Expanding the Reach and Potential of Community Health Workers

Morgan McDonald, MD
National Director for Population Health and Health Equity Leadership
Current Status

• Over 1000 studies evaluating effectiveness and best practice
• C3 Core Competency Standards
• Federal support for CHW training, inter-state learning
• State based approaches to certification, training, deployment
• Payment model and practice model innovation
• Cross Sector collaboration

Employers as Beneficiaries of CHWs

- Healthier, more engaged workforce
- Recruitment and retention via an expanded benefit for employees
- Builds trust by meeting employees where they are
- Equips employees with additional resources and capacity – a health equity centered approach
- Builds resources within the community
- CHWs are often an untapped workforce pipeline
Employers as catalysts of CHW related work

- Creating demand for CHWs in health plan negotiation
- Creating demand for CHWs by direct engagement with community organizations and other CHW-employing organizations
- Demonstrating ROI
- Partnering with state health departments and legislatures to enable legislation, training, and funding for CHWs
Largest Medicaid HIV-Special Needs Health Plan (SNP)

- 9,000 members in NYC
- Safety-net health plan founded and governed by 7 NYC community-based healthcare providers
- Innovative, effective approach to serving people living with HIV as well as people placed at highest risk for HIV: people experiencing homelessness and transgender communities

Our members:

- 2,800 of trans experience: Representing 30% of our membership
- 40% experienced homelessness 1+ times since HIV diagnosis
- 90% have a history of substance use
- 60% reported same gender sexual experience

We are the experts in HIV and gender-affirming care.
The Community Health Workers (CHWs)

Workforce Empowerment

Identify and reconnect members out of care to routine primary medical or behavioral health care

Our Visionary Model of Care

Treatment adherence supports, education and health promotion

Health navigation including escorts to medical or behavioral health appointments

Follow-up care after inpatient, hospital, or facility care
CHWs Improve Health Outcomes and Lower Costs:

Between 2008 and 2020:

- 94% in regular outpatient care
- 63% reduction in emergency room visits
- 74% reduction in admission per 1,000 members
- 34% decrease in average length of stay
- 90% refilling essential medications
- 1,200 cured of Hep C
- 25% of HIV-negative members access PrEP
- Increased viral load suppression from 60% to 80%
- Over $175M saved in avoidable costs
Thank you.

Doug Wirth
President and CEO
(646) 757-7000 / dwirth@amidacareny.org
Expanding the Reach and Potential of Community Health Workers

June 23, 2023 | Dr. Gia E. Rutledge, DPPD, MPH

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Diabetes Translation
Centers for Disease Control and Prevention Division of Diabetes Translation

- **Vision**: A world free of the devastation of diabetes.

- **Mission**: To reduce the preventable burden of diabetes through public health leadership, partnership, research, programs, and policies that translate science into practice.
CDC Division of Diabetes Translation: Investments that Include Work with CHWs

1305 State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health

1422 State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke

1705 Scaling the National Diabetes Prevention Program (National DPP) in Underserved Areas

1815 Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke

2320 A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes
Recipients implemented activities to strengthen statewide infrastructure to promote long-term sustainability and reimbursement for community health workers (CHWs) to establish or expand their engagement in the National DPP lifestyle change program for type 2 diabetes prevention and/or recognized/accredited diabetes self-management education and support (DSMES) services for diabetes management.
DP18-1815: Strengthen Statewide Infrastructure to Promote Long-term Sustainability and Reimbursement for Community Health Workers (CHWs) - Logic Model
DP18-1815: Strengthen Statewide Infrastructure to Promote Long-term Sustainability and Reimbursement for Community Health Workers (CHWs)
Activities Implemented by DP18-1815 Recipients to Promote Long-term Sustainability for Community Health Workers (CHWs), Year 2 To Year 4

- Standardize CHW Role, Training/Certification: Y2=18, Y3=47, Y4=56 (25 recipients)
- Assess CHW Landscape: Y2=12, Y3=20, Y4=33 (23 recipients)
- Convene CHWs and CHW Supportive Stakeholders: Y2=13, Y3=21, Y4=29 (20 recipients)
- Provide CHW Education/Resources: Y2=16, Y3=28, Y4=48 (28 recipients)
- *Other: Y2=2, Y3=7, Y4=11 (8 recipients)

*Other refers to administrative tasks including grants management, program management, and project management.
DP18-1815: Strengthen Statewide Infrastructure to Promote Long-term Sustainability and Reimbursement for Community Health Workers (CHWs)

**SHORT-TERM OUTCOMES**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CHWs have received certification in year 4</td>
<td>2,740</td>
<td>($n^* = 20$ recipients)</td>
</tr>
<tr>
<td>CHWs have received core competency training in year 4</td>
<td>4,269</td>
<td>($n^{**} = 25$ recipients)</td>
</tr>
<tr>
<td>Academic and other institutions offer CHW core competency training in year 4</td>
<td>78</td>
<td>($n^{**} = 24$ recipients)</td>
</tr>
<tr>
<td>CHWs are paid from sustainable payment mechanisms in year 4</td>
<td>1,597</td>
<td>($n^{**} = 17$ recipients)</td>
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</tbody>
</table>
Strengthen Statewide Infrastructure to Promote Long-term Sustainability and Reimbursement for Community Health Workers (CHWs): Challenges & Success Reported

Successes

• Improved CHW certification process and developed training curricula which assisted organizations in delivering programs

• Provided education on CHW role and benefits to healthcare providers, insurance plans, and organizations

• Leveraged partnerships to support sustainable financing options for CHWs

Challenges

• COVID-19 pandemic impacted staff capacity and program activities

• Staff turnover and administrative processes (e.g., reimbursement, contract renewal)
DDT DP23-2320 CHW Activities

- Increase Awareness
- Increase Availability
- Increase Workforce Development
- Establish Policy Change
- Support CHW Networks
- Support Data Collection
CHW RESOURCES
Job Aid for Engaging CHWs

- CDC developed a job aid to support CHW engagement sustain their work in diabetes management and type 2 diabetes prevention

Forum Summary Report

- See the forum summary report for more detailed discussion of key learnings

CHW Financing Webinar

View the webinar at https://www.youtube.com/watch?v=pUKTsh0XuM0
QUESTIONS
Dr. Brian Frank, Assistant Professor, Oregon Health and Science University

Jaeme Miranda, Director of Community Health Worker Services
Community Health Workers
A benefit designed by and for employees
(Pilot program)
Meet Johanna

Social determinants of health:
- Single mother of three
- Lives with elderly mother
- Works in food services
  (2 years in current job)
**GROCERY COSTS**
↑ 15%

**RENT**
↑ $200/mo

**MEDICATION**
$100/mo

**DEPENDENTS**
Mother w/diabetes, youngest son is 7
Let’s imagine a benefit that:

• Provides rental assistance

• Lowers the cost of medications

• Offers food support and healthy cooking on a budget

• Guides with chronic disease management

• Individual plans
Now, what if this benefit offered all of those things AND was delivered by a trusted community member with shared lived experience?
Employer-based community health workers

- Expert navigation
- Culturally-specific
- Trusted
- Empowering
- Tailored to individual
Model Development

• Phase 1: Needs assessment
• Phase 2: Focus groups
• Phase 3: Stakeholder engagement
The pilot

• 6 months
• 1,500 front-line employees
• 2 CHWs
• Partnership with CBO
CHW Expertise

• Cultural mediation between communities and systems
• Informal counseling and support
• Direct services and referrals
• Culturally/Linguistically appropriate education
• Advocate for individual & community needs
Employee Workflow

Outreach & Recruitment → Referral → Screening, Intake, and SDOH → Goal Setting → Resource Navigation → Closing Case
Benefits to Community Partners

- Leverage organizational knowledge
- Co-design of model
- Improved quality of living for target population
Intended outcomes

• Meet employees’ basic needs

• Improve employee health and wellbeing

• Empower employee self-reliance

• Increase employee productivity

• Strengthen employee retention
Life has so many different phases, and I can see in that list [of CHW services] alone that I've went through almost everything on that list. So, at different phases in my life, I would have needed a CHW at some point if they were available to me.

– OHSU employee
Thank you to our funders

• Cambia Health Foundation

• Oregon Health Authority Office of Health Promotion and Chronic Disease Prevention

• Community Health Acceleration Partnership

• Dr. Danny Jacobs
Thank You
EVENT
The Economic Case for Community Health Workers
June 23, 2023 | 10:00 am – 12:00 pm EDT

FEDERAL RESERVE BANK of NEW YORK